## INSTRUCTIONS FOR INFECTIOUS WASTE GENERATOR REGISTRATION FORM

## PLEASE TYPE OR PRINT LEGIBLY

- **1. NOTIFICATION INFORMATION** Check the appropriate box to indicate whether this is the first time you have been notified; you have been notified before and this is a renewal notification; or you have been notified before and this is a change of information previously provided.
- **2. WASTE PRODUCER INFORMATION** Write the name of the business, or person producing the waste; facility type code (see below for codes); the address of the actual location and county codes (see below for codes); the legal owner or operator if different from the generator name; the name of a contact person, their title and phone number and/or E-mail address. Write the mailing address if different from the actual location address.

FACILITY TYPE CODES	COUNTY CODES	
01=Private Physician or Group Practice	01=Abbevile 18=Dorchester	35=Marlboro
02=Dentist	02=Aiken19=Edgefield 36=Newb	erry
03=Hospital	03=Allendale 20=Fairfield	37=Oconee
04=SCDHEC/ SC Health Departments	04=Anderson 21=Florence	38=Orangeburg
05=Dialysis Center	05=Bamberg 22=Georgetown 39=Picket	ens
06=Clinical Lab	06=Barnwell 23=Greenville	40=Richland
07=Residential Care Facilities	07=Beaufort 24=Greenwood	41=Saluda
08=Nursing Home	08=Berkeley 25=Hampton	42=Spartanburg
09=Blood Bank	09=Calhoun 26=Horry 43=Sumt	er
10=Funeral Home	10=Charleston 27=Jasper	44=Union
11=Outpatient Surgical Center	11=Cherokee 28=Kershaw	45=Williamsburg
12=Corrections Facility	12=Chester 29= Lancaster	46=York
13=College/University	13=Chesterfield 30=Laurens	
14=Employee Health Clinic	14=Clarendon 31=Lee	
15=Emergency Medical Service	15=Colleton 32=Lexington	
16=Other	16=Darlington 33=McCormick	
17=SC Mental Health Departments	17=Dillon34=Marion	

- 3. WASTE PRODUCER STATUS To determine the waste producer status, use an Infectious Waste Manifest Form to calculate the amount of waste produced for the last 12 months. Then add the categories of (a.) through (g.) and enter the weight on the line for a total amount of waste generated. If the total number is FIFTY (50) POUNDS OR GREATER, check the regular generator block. If the total number is LESS THAN FIFTY (50) POUNDS, check the small quantity generator block.
- <u>4. INFECTIOUS WASTE MANAGEMENT PRACTICES</u> Answer the questions by marking the appropriate box. If you are a regular generator then, list the members of your facilities infection control committee.

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5. DISPOSAL Mark the appropriate box and list the name of the company used.

<u>6. CERTIFICATION</u> Read the certification and sign your legal signature. Then print or type your name and official title and date the form.

## RETURN THIS FORM TO:

If you marked the block for a regular generator, please mail the completed form and a check payable to SC DHEC-Infectious Waste Section Program (S270) for the annual infectious waste fees as followed:

- (a) Generators of 1,000 pounds per month or more will pay an annual fee of \$600.00.
- (b) Generators of 50 pounds through 999 pounds per month will pay an annual fee of \$150.00.

All annual billing will be issued on each State Fiscal Year which runs July 1 through June 30 and will be payable within 30 days once received.

SC DHEC 2600 Bull Street Columbia, SC 29201 Attn: BLWM - Infectious Waste Section

If you need any help completing the form or have questions about its applicability to you, please call the Infectious Waste Generator help line phone number (803) 896-4191 or E-mail address is bakerjf@columb34.dhec.state.sc.us.

For additional forms and copies of the infectious waste regulations 61-105, please log onto: http://www.scdhec.net/lwm/html/infect.htm

DHEC 1999 (03/2001)